

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: Kevin A. Wanasek
TITLE: METHOD AND APPARATUS FOR DELIVERING MULTI-DIRECTIONAL DEFIBRILLATION WAVEFORMS



MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal

Specification:

Total pages: 27 (including claims and abstract: Spec. 21 sheets; Claims 5 sheets; Abstract 1

Drawings:

Total sheets: 8

formal informal

Combined Declaration and Power of Attorney:

unexecuted

copy from prior application

Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b)

Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a

Assignment of the Invention to Medtronic, Inc.

Assignment cover sheet

Information Disclosure Statement

PTO Form 1449

Copies of IDS citations

Preliminary Amendment

A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

Return Postcard

IF A CONTINUING APPLICATION:

Continuation Divisional Continuation-in-part (CIP) of prior application
No. .

Amend the specification by inserting before the first line the sentence: --This application is a of
application Serial No. , filed , now allowed.--

Cancel in this application original claims _____ of the prior application before calculating the filing fee.
(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: _____

22387 U.S. PTO
10/804322

031904



17712 U.S.PTO

031904

This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

Address all future correspondence to: Michael C. Soldner, Reg. No. 41,455
Telephone: (763) 514-4842
Customer No. 27581

FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	24	20	= 4	x 18	\$ 72.00
Independent Claims	3	3	= 0	x 86	
Multiple Dependent Claims			0	+ 290	
Basic Filing Fee					\$770.00
				TOTAL	\$772.00

Charge Deposit Account No. 13-2546 in the amount of \$772.00 for the filing fee.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

March 19, 2004

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